

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213552079			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: American Apparel & Footwear Association</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN HAZARD 3607 ORLANDO PLACE ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F0243651</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1601 N KENT STEET #1200</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ARLINGTON, VA 22209</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEVIN BURKE TITLE: PRESIDENT/CEO ADDRESS: 1601 N KENT STREET #1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN BURKE TITLE: PRESIDENT/CEO ADDRESS: 1601 N KENT STREET #1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN BURKE TITLE: PRESIDENT/CEO ADDRESS: 1601 N KENT STREET #1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME: RICK HELFENBEIN TITLE: PRESIDENT ADDRESS: 1601 N KENT ST CITY/ST/ZIP/CO: STE 1200 ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: ROBERT DEMARTINI TITLE: TREASURER ADDRESS: 1601 N KENT ST 1200 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	PAULA ZUSI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	KILLICK DATTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	PETER GABBE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	CAROL HOCHMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	W. JERRY VEREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	WILLIAM WOLTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST CHAIRMAN		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	IRA DANSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	CHRISTOPHER DINARDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	KEVIN DONAHUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	ABBEY DONEGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	GERALD EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	GEORGE FELDENKREIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MARK GITOMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	KATHERINE GOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	CHARLES KOMAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	BERNARD LEIFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	BRUCE MUNRO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	AARON ALBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	LAURA BERNSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MARK BURSTEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	OLIVER BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	KURT CAVANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	THOMAS CHUBB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON , VA 22209		
NAME:	MARSHAL COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	ALAN COLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	JEFF CRISCO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	DAVID EDELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	ALLAN ELLINGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	BILL ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	JOEL FELDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MICHAEL FRALIX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	AL GERVAIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	THOMAS GLASER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME:	LAURIE ANN GOLDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	EDWARD GRIBBIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	SIDNEY HOWARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	FRED JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	ANDREW KAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	TIM LYONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	MICHAEL MANSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	TIMOTHY MANTEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	WILLIAM MCRAITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	STEVE MOSTOFSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		
NAME:	BYRON NORFLEET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1601 N KENT ST 1200		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK OUELLETTE DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROTHBAUM DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY SCOBIE DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN SHANAHAN DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SHARP DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY SIMMONS DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK WEBER DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MURPHY DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA FRENCH DIRECTOR 1601 N KENT ST 1200 ARLINGTON, VA 22209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KEVIN BURKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN BURKE, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	10/31/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			